


PTO/SB/31 (08-03)  
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<b>NOTICE OF APPEAL FROM THE EXAMINER TO THE BOARD OF PATENT APPEALS AND INTERFERENCES</b>		Docket Number (Optional) 393032012600	
In re Application of Hiroki NAKAZONO			
Application Number 09/515,905		Filed February 29, 2000	
For APPARATUS AND METHOD FOR SELECTING DATA SETS			
Art Unit 2173		Examiner B. Huynh	
Applicant hereby <b>appeals</b> to the Board of Patent Appeals and Interferences from the last decision of the examiner.			
The fee for this Notice of Appeal is (37 CFR 1.17(b))		\$ 330.00	
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. Therefore, the fee shown above is reduced by half, and the resulting fee is:		\$ <b>RECEIVED</b>	
<input type="checkbox"/> A check in the amount of the fee is enclosed.		MAR 12 2004	
<input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.		Technology Center 2100	
<input checked="" type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account. I have enclosed a duplicate copy of this sheet.			
<input checked="" type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment to Deposit Account No. <u>03-1952</u> . I have enclosed a duplicate copy of this sheet.			
<input checked="" type="checkbox"/> A petition for an extension of time under 37 CFR 1.136(a) (PTO/SB/22) is enclosed.			
I am the			
<input type="checkbox"/> applicant /inventor		Signature	
<input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)		David Yang	
<input type="checkbox"/> attorney or agent of record. Registration number _____		Typed or printed name	
<input checked="" type="checkbox"/> attorney or agent acting under 37 CFR 1.34(a). Registration number if acting under 37 CFR 1.34(a). <u>44,415</u>		(213) 892-5587	
		Telephone number	
		March 2, 2004	
		Date	
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.			
<input type="checkbox"/> *Total of _____ forms are submitted.			

03/10/2004 EAREGAY1 00000119 031952 09515905  
02 FC:1401 330.00 DA

Adjustment date: 03/22/2004  
03/10/2004 EAREGAY1 00000119 031952 09515905  
02 FC:1401 330.00 CR